|  |   |   |                                       |                                  |              |                                   |                   | Application or Docket Number |                        |                            |                     |                        |  |
|--|---|---|---------------------------------------|----------------------------------|--------------|-----------------------------------|-------------------|------------------------------|------------------------|----------------------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective January 1, 2003   |   |   |                                       |                                  |              |                                   |                   | RD 10/604955                 |                        |                            |                     |                        |  |
| CLAIMS AS FILED - PART I   |   |   |                                       |                                  |              |                                   |                   | ALLE                         | NTITY                  |                            | OTHER               | THAN                   |  |
| _  |   |   | (Column                               | 1 1)                             | (Colu        |                                   | SMALL ENTITY TYPE |                              | OR                     | OTHER THAN OR SMALL ENTITY |                     |                        |  |
| TOTAL CLAIMS   |   |   | 71-                                   |                                  |              |                                   | _ FB              | RATE FEE                     |                        | 7                          | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED                          |                                  | NUMBER EXTRA |                                   | <u> </u>          | BASIC FEE 375.00             |                        | 1_                         | BASIC FEE           |                        |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 36 minus 20=                          |                                  | .   [        |                                   | _                 | 0.0.00                       |                        | OH                         |                     |                        |  |
| INDEPENDENT CLAIMS   |   |   | 2                                     | inus 3 =                         | * 4          |                                   |                   | X\$ 9=                       |                        | OR                         | X\$18=              | 188                    |  |
| MULTIPLE DEPENDENT CLAIM P   |   |   | <u> </u>                              | inus 3 =                         |              |                                   |                   | (42=                         |                        | OR                         | X84=                | 336                    |  |
|  |   |   |                                       |                                  |              |                                   | 1+                | 140=                         |                        | OR                         | +280=               |                        |  |
| * 11   | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                                  |              |                                   | TO                | OTAL                         |                        | OR                         | TOTAL               | 1374                   |  |
| ()./\L. ()CLAIMS AS AMENDED - PART II  |   |   |                                       |                                  |              |                                   |                   |                              | <del></del>            | •                          | OTHER               | THAN                   |  |
| 9  | (Column 1) (Column 2) (Column 3   |   |                                       |                                  |              |                                   | SI                | ALL                          | ENTITY                 | OR                         | SMALL               | ENTITY                 |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUMI<br>PREVIO<br>PAID   | BER          | PRESENT<br>EXTRA                  | R                 | ATE                          | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | 27  | Minus                                 | -3                               | 0,           | =                                 | X                 | \$ 9=                        |                        | OR                         | X\$18=              |                        |  |
| AM   |   |   | Minus ***                             |                                  | CLANA        |                                   | X                 | 42=                          |                        | OR                         | X84=                |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (9)(12)                               |   |                                       |                                  |              |                                   | +1                | 40=                          |                        | OR                         | +280=               |                        |  |
|  | O O O O   |   |                                       |                                  |              |                                   | <u> </u>          | TOTAL                        | ·                      |                            | TOTAL               |                        |  |
|  | (Column 1) (Column 2) (Column 3   |   |                                       |                                  |              |                                   |                   | T. FEE                       | L                      | Un ,                       | ADDIT. FEE          |                        |  |
|  |   | CLAIMS                                    |                                       | HIGH                             |              | (Column 3)                        | · -               |                              |                        |                            |                     |                        |  |
| AMENDMENT B  |   | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVIO<br>PAID                   | USLY         | PRESENT<br>EXTRA                  | R                 | ATE                          | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                                 | **                               | ····         | 5                                 | X                 | 9=                           |                        | OR                         | X\$18=              |                        |  |
|  | Independent   | *   | Minus                                 | ***                              | OL 4194      |                                   | ×                 | 42=                          |                        | OR                         | X84=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                  |              |                                   | 41                | 40=                          |                        |                            | +280=               |                        |  |
|  | (Column 1) (Column 2) (Column 3)  |   |                                       |                                  |              |                                   |                   | TOTAL                        |                        | OR                         |                     |                        |  |
|  |   |   |                                       |                                  |              |                                   |                   | T. FEE                       |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
| _  |   |   |                                       |                                  |              |                                   |                   |                              |                        |                            |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA                  | R/                | ATE                          | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus                                 | **                               |              | =                                 | X                 | 9=                           |                        | OR                         | X\$18=              |                        |  |
|  | Independent   | *   | Minus                                 | AAA                              |              | =                                 | Υ.                | 2=                           |                        |                            | X84=                |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                  |              |                                   |                   |                              |                        | OR                         | A04=                |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                                       |                                  |              |                                   |                   |                              |                        | OR                         | +280=               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |   |                                       |                                  |              |                                   |                   |                              |                        |                            |                     |                        |  |
|  | The "Highest Num  | nber Previously Pai                       | d For" (Total o                       | r independe                      | nt) is the   | n 3, enter "3."<br>highest number |                   | _                            | propriate box          |                            |                     |                        |  |